

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 03-10-05.

Date of service 05-14-04 CPT code 98943 was withdrawn by the requestor on 03-30-04 and will not be part of the review.

The IRO reviewed chiropractic manipulative treatment, -extra spinal, manual therapy technique, neuromuscular re-education, electrical stimulation, therapeutic exercises, gait training, ultrasound, office visit and therapeutic activities rendered from 03-10-04 through 05-28-04 that were denied based upon "V".

The IRO determined that therapy rendered between 03-10-04 through 04-28-04 with therapeutic exercises (maximum 4 units) and manual therapy (maximum 1 unit) as well as services between 05-03-04 through 05-10-04 including manual therapy (maximum 1 unit) and therapeutic activities group (maximum 4 units) **were** medically necessary. The IRO agreed with the carrier that the remainder of the services in dispute **were not** medically necessary. The total reimbursement due from the carrier equals **\$5,857.02**. Reimbursement for CPT code 98943 is not included in the total reimbursement as this code is noncovered by Medicare.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the **majority** of issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This Findings and Decision is hereby issued this 3rd day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay for the unpaid medical fees for dates of service 03-10-04 through 05-10-04 totaling \$5,857.02 in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is hereby issued this 3rd day of May 2005.

Medical Necessity Team Manager
Medical Review Division

Enclosure: IRO Decision



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NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 20, 2005

To The Attention Of:

TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:

MDR Tracking #: M5-05-1910-01

IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Examination reports
- Exercise sheets
- Operative reports
- Daily notes

Submitted by Respondent:

- Statement letter from the carrier's counsel
- Table of disputed services
- Peer review

Clinical History

According to the supplied documentation, it appears the claimant sustained an injury on ____ when he was lowering a hydraulic ramp on the back of a truck when his leg was pinned between the ramp and the trailer door, causing the claimant to sustain an injury. The claimant was seen at the emergency room where he was examined, sutured and was prescribed medication. The claimant was sent to CareNow for follow up treatment. The claimant decided to change treating physicians to Kris Wilson, D.C. The claimant continued to have complaints in his right ankle and was sent to Joseph Daniels, M.D. for a surgical consultation. Dr. Daniels performed a right ankle arthroscopy with debridement of meniscal lesion and complete synovectomy on 2/17/04. The claimant began post operative treatment on approximately 3/10/04 that lasted through 5/28/04. The documentation ends here.

Requested Service(s)

98943 chiropractic manipulative treatment – extra spinal, 97140 manual therapy technique, 97112 neuromuscular re-education, 97032 electrical stimulation, 97110 therapeutic exercises, 97116 gait training, 97035 ultrasound, 99215 office visit, and 97530 therapeutic activities for dates of service 3/10/04 to 5/28/04

Decision

I disagree with the carrier and find that the therapy rendered between 3/10/04 through 4/28/04 with 97110 therapeutic exercises (maximum 4 units) and 97140 manual therapy (maximum 1 unit) was medically necessary. I also disagree with the carrier and find that the services rendered between 5/3/04 through 5/10/04 including 97140 manual therapy (maximum 1 unit) and 97530 therapeutic activities group (maximum 4 units) were medically necessary. I agree with the carrier that the remainder of the services in dispute were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, the claimant sustained an injury in _____. The claimant underwent therapy at CareNow as well as with Dr. Wilson which apparently failed and led to the surgical procedure that occurred on 2/17/04. After the surgery was performed, post operative

therapy is seen as reasonable and necessary to help the claimant restore normal range of motion, improve strength and decrease symptoms. According to **Rehabilitation for the Post Surgical Orthopedic Patient** (314 – 319), therapy lasting for up to 12 weeks beginning with mostly passive treatment with a gradual progression to active therapy is seen as reasonable and medically necessary to treat the post surgical patient. The therapy approved above appears in line with the current treatment protocols and is seen as reasonable and necessary in treatment of the compensable work injury. According to the table of disputed services, the amount of therapy rendered, including up to 10 units of therapy, is not seen as reasonable and is not objectively supported by the documentation supplied. One unit of manual therapy with the addition of 4 units of therapeutic exercises appears to be an adequate amount of therapy to benefit the claimant. Therapy rendered up until 12 weeks post surgery, or 5/11/04, is also seen as reasonable. Treatment rendered 5/12/04 and beyond should have been limited to a home based exercise program that would continue to help benefit the claimant without doctor supervision and the need to report in to the clinic.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 20th day of April 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder